

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CREDO SUPERPAC			FEC IDENTIFICATION NUMBER ▼ C C00507517		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Samantha Cassista			Date M M M / D D D / Y Y Y Y Y Y Y Y 10 / 24 / 2012		
Mailing Address Deep Hole Rd			Amount 640.02		
City Chester		State NH	Zip Code 03036		Transaction ID : SE.11851
Purpose of Expenditure Field Organizer		Category/ Type 		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	
Name of Federal Candidate Supported or Opposed by Expenditure: FRANK GUINTA			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 27743.91			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
Full Name (Last, First, Middle Initial) of Payee Credo Mobile			Date M M M / D D D / Y Y Y Y Y Y Y Y 10 / 24 / 2012		
Mailing Address 101 Market Street Suite 700			Amount 1814.56		
City San Francisco		State CA	Zip Code 94105		Transaction ID : SE.11855
Purpose of Expenditure Phones		Category/ Type 		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	
Name of Federal Candidate Supported or Opposed by Expenditure: FRANK GUINTA			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 32271.81			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
(a) SUBTOTAL of Itemized Independent Expenditures.....			2454.58		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			 		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Becky Bond</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2012</p>					

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CREDO SUPERPAC		FEC IDENTIFICATION NUMBER ▼ C C00507517
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Todd Dolan		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 206 B Mt. Delight Rd		Amount 106.67
City Deerfield	State NH	Zip Code 03037
Purpose of Expenditure Field Organizer	Category/ Type	Transaction ID : SE.11852
Name of Federal Candidate Supported or Opposed by Expenditure: FRANK GUINTA		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01
Calendar Year-To-Date Per Election for Office Sought 27850.58		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Hlinko Communications		Date MM / DD / YYYY 10 / 24 / 2012
Mailing Address 247 West 87th Street #9A		Amount 2500.00
City New York	State NY	Zip Code 10024
Purpose of Expenditure Web Advertising	Category/ Type	Transaction ID : SE.11854
Name of Federal Candidate Supported or Opposed by Expenditure: FRANK GUINTA		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01
Calendar Year-To-Date Per Election for Office Sought 30457.25		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2606.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
CREDO SUPERPAC

FEC IDENTIFICATION NUMBER ▼

C C00507517

Check If ☒ 24-hour report ☐ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Monique Richards

Date

MM / DD / YYYY
10 / 24 / 2012

Mailing Address 77 Market Street
#18

Amount

106.67

City State Zip Code
Manchester NH 03101

Transaction ID : SE.11853

Purpose of Expenditure
Field Organizer

Category/
Type

Office Sought: ☒ House State: NH
☐ Senate District: 01
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
FRANK GUINTA

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 27957.25

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

106.67

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

5167.92

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2012

Signature